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LEGACY & ESTATE PLANNING CONSULTATION — CLIENT INTAKE

Please complete and return this intake form to our office prior to your appointment.

Appointment Date: , 20 at

If you are completing this form on behalf of someone else, please provide your contact information.

YOUR NAME	YOUR ADDRESS	YOUR EMAIL	YOUR PHONE #

	CLIENT	CLIENT'S SPOUSE/PARTNER
NAME:		
ADDRESS		
EMAIL ADDRESS		
PHONE NUMBER		
DATE OF BIRTH & AGE		
MENTAL & PHYSICAL HEALTH CONCERNS (Ex: dementia, high blood pressure, diabetes etc.)		
VETERAN? (Please provide dates of service):		
MARITAL STATUS & # OF PRIOR MARRIAGES (IF ANY)		
Do you have stepchildren or step-grandchildren?		
Are any of your potential beneficiaries disabled?		

Please list ALL children (even if they are estranged and will not be included in your estate plan).

CHILD'S NAME	CHILD'S ADDRESS	DOB / AGE	MARITAL STATUS	# of Children & Age(s)	On Disability?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

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ASSET INFORMATION

REAL PROPERTY

PROPERTY TYPE (Home, Mineral Rights, Timeshare, etc.)	Estimated Value	Amount of Mortgage or Lien	# of Acres or Parcels	Owner(s)	How and when did you acquire? (Purchase, Gift, Inherit, etc.)

VEHICLES

Make/Model (Car, Truck, Boat, RV, or ATV)	Year	Estimated Value	Whose name(s) are on title?

LIFE INSURANCE

CLIENT INSURED	INSURANCE COMPANY	TYPE? (Ex: Group, whole, term)	POLICY OWNER	DEATH BENEFIT	CASH VALUE (If any)	BENEFICIARY

OTHER INVESTMENTS

(Bank accounts, investment accounts, retirement accounts (IRAs, 401ks, TSPs, etc.), annuities, stocks, bonds, gold/silver, cash & cryptocurrency)

ASSET TYPE	BANK OR INSTITUTION	EST'D. VALUE	ACCOUNT OWNER(S)	BENEFICIARY (If any?)

BUSINESS INTERESTS

Business Name	Type of Entity (LLC, Corp, Partnership, etc.)	Your Ownership %	Estimated Value	Other Owner(s)

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YOUR ESTATE PLANNING GOALS	Concern Level■1=Low 2=Med 3=High Concern Level 1 = Low 2 = Medium 3 = High	Additional Information
Privacy regarding my assets and family affairs		
Protect assets from health care or long-term care costs		
Inheritance for my children		
Obtain Medicaid		
Obtain Veteran's benefits		
Protect IRAs for my beneficiaries at my death		
Provide for my pets after my passing		
Other (Please describe):		

What documents do you currently have?	Yes/No	Does this document achieve your goals? If not, why?
Last Will & Testament		
Durable Power of Attorney		
Medical Power of Attorney		
Living Will		
HIPAA Authorization & Release		
Revocable Living Trust		
Irrevocable Trust		
Retirement Trust		

Who referred you to us?	

HOW ELSE DID YOU HEAR ABOUT US? (Check all that Apply)

☐ KDKA Radio	☐ IN Magazine
☐ Friend	☐ Family
☐ Financial Advisor	☐ Seminar or Webinar Attendee
☐ Other (Please Describe):	

THE NEXT STEP:

To maximize the benefit of your Legacy & Estate Planning Consultation, please complete this intake form in its entirety. Please return this completed form to our office prior to your appointment, along with copies of your estate planning documents (Will, Powers of Attorney, Trust documents, etc.) and any other financial documentation you deem important.

· Will / Codicils · Durable & Medical Powers of Attorney · Trust Documents ·
· Financial Statements · Life Insurance Policies · Long-Term Care Policies ·

We look forward to meeting with you!

SPECIAL CONCERNS ADDENDUM

*** Please complete if you are: Retired, may retire soon, have a disability, or have health concerns; otherwise, this form is optional. ***

INCOME

CLIENT:		CLIENT'S SPOUSE/PARTNER:	
Soc. Sec. Income/month:		Soc. Sec. Income/month:	
Pension Income/month:		Pension Income/month:	
Other Income:		Other Income:	
Client Total:		**Spouse/Partner's Total:**	

HEALTH INSURANCE & LONG-TERM CARE INSURANCE

Medicare Supplement Insurance Provider:		Medicare Supplement Insurance Provider:	
Prescription Insurance Provider:		Prescription Insurance Provider:	
Long-term care insurance Provider:		Long-term care insurance Provider:	
Long-term care insurance coverage per day?		Long-term care insurance coverage per day?	

MISCELLANEOUS ISSUES

Do you currently need help at home from a loved one or professional?		Do you currently need help at home from a loved one or professional?	
Do you expect to need help at home or in a facility in the next 5 years?		Do you expect to need help at home or in a facility in the next 5 years?	
Have you purchased a funeral?		Have you purchased a funeral?	
Have you purchased a burial?		Have you purchased a burial?	
Have you given gifts over $1,000 over the past 5 years?			

Client Signature _____ Date _____